

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL
OPERATIONS CENTER

2006 FEB 23 8:05

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**

Apartment & Office Building Association of Metropolitan
Washington Metro PAC Federal

ADDRESS (number and street) **1050 17th Street NW**
Suite 300
Washington DC 20036

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 00295642

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on [] / [] / [] in the State of []

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on [] / [] / [] in the State of []

5. Covering Period [] / [] / [] through [] / [] / []

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **W. Shaun Pharr**

Signature of Treasurer *W. Shaun Pharr*

Date **01** / **23** / **2006**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

| | | | | | | | |
|-----------------|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | |
|-----------------|--|--|--|--|--|--|--|

FEC FORM 3X
Rev. 12/2004

26038970089

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name **Apartment & Office Building Association of Metropolitan Washington Metro PAC Federal**

Report Covering the Period: From: **07 / 01 / 2005** To: **12 / 31 / 2005**

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, 2005 | | 1,171.64 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 1,150.66 | |
| (c) Total Receipts (from Line 19)..... | 1.44 | 2.44 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 1,152.10 | 1,174.08 |
| 7. Total Disbursements (from Line 31)..... | 0.00 | 21.98 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 1,152.10 | 1,152.10 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

26038978990

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name **Apartment & Office Building Association of Metropolitan Washington Metro PAC Federal**

Report Covering the Period: From: **07 / 01 / 2005** To: **12 / 31 / 2005**

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 0 00 | 0 00 |
| (ii) Unitemized..... | 0 00 | 0 00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 0 00 | 0 00 |
| (b) Political Party Committees..... | 0 00 | 0 00 |
| (c) Other Political Committees (such as PACs)..... | 0 00 | 0 00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶ | 0 00 | 0 00 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0 00 | 0 00 |
| 13. All Loans Received..... | 0 00 | 0 00 |
| 14. Loan Repayments Received..... | 0 00 | 0 00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0 00 | 0 00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0 00 | 0 00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 1 44 | 2 44 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0 00 | 0 00 |
| (b) Levin Funds (from Schedule H5)..... | 0 00 | 0 00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0 00 | 0 00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶ | 1 44 | 2 44 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 1 44 | 2 44 |

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DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

| | | |
|---|------|-------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0 00 | 0 00 |
| (ii) Non-Federal Share | 0 00 | 0 00 |
| (b) Other Federal Operating Expenditures | 0 00 | 21 98 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0 00 | 0 00 |
| 22. Transfers to Affiliated/Other Party Committees | 0 00 | 0 00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 0 00 | 0 00 |
| 24. Independent Expenditures (use Schedule E) | 0 00 | 0 00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) | 0 00 | 0 00 |
| 26. Loan Repayments Made | 0 00 | 0 00 |
| 27. Loans Made | 0 00 | 0 00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0 00 | 0 00 |
| (b) Political Party Committees | 0 00 | 0 00 |
| (c) Other Political Committees (such as PACs) | 0 00 | 0 00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0 00 | 0 00 |
| 29. Other Disbursements | 0 00 | 0 00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0 00 | 0 00 |
| (ii) "Levin" Share | 0 00 | 0 00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0 00 | 0 00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0 00 | 0 00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 0 00 | 21 98 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) | 0 00 | 21 98 |

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

| | | |
|--|------|-------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 0 00 | 0 00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0 00 | 0 00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 0 00 | 0 00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0 00 | 0 00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0 00 | 0 00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0 00 | 21 98 |

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**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 21
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 17 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) Apartment & Office Building Association of
Metropolitan Washington Metro PAC Federal

A.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee. **C** _____

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼ _____

Aggregate Year-to-Date ▼ _____

Date of Receipt _____ / _____ / _____

Amount of Each Receipt this Period _____

B.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee. **C** _____

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼ _____

Aggregate Year-to-Date ▼ _____

Date of Receipt _____ / _____ / _____

Amount of Each Receipt this Period _____

C.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee. **C** _____

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼ _____

Aggregate Year-to-Date ▼ _____

Date of Receipt _____ / _____ / _____

Amount of Each Receipt this Period _____

SUBTOTAL of Receipts This Page (optional).....▶ _____ 0.00

TOTAL This Period (last page this line number only).....▶ _____ 0.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) **Apartment & Office Building Association of
Metropolitan Washington Metro PAC Federal**

| | | |
|--|--|---|
| A. Full Name (Last, First, Middle Initial) _____ Mailing Address _____ City State Zip Code _____ | | Date of Disbursement MM / DD / YYYY _____ / _____ / _____ |
| Purpose of Disbursement _____ Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ _____ | | Amount of Each Disbursement this Period _____ |
| B. Full Name (Last, First, Middle Initial) _____ Mailing Address _____ City State Zip Code _____ | | Date of Disbursement MM / DD / YYYY _____ / _____ / _____ |
| Purpose of Disbursement _____ Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ _____ | | Amount of Each Disbursement this Period _____ |
| C. Full Name (Last, First, Middle Initial) _____ Mailing Address _____ City State Zip Code _____ | | Date of Disbursement MM / DD / YYYY _____ / _____ / _____ |
| Purpose of Disbursement _____ Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ _____ | | Amount of Each Disbursement this Period _____ |
| SUBTOTAL of Disbursements This Page (optional).....▶ | | _____ 0 00 |
| TOTAL This Period (last page this line number only).....▶ | | _____ 0 00 |

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SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) Apartment & Office Building Association of
Metropolitan Washington Metro PAC Federal

| | |
|---|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address | |
| City State ZIP Code | |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | | |
|-------|----------------------|----------------------|------------------------------|--|
| TERMS | Date Incurred | Date Due | Interest Rate | Secured: |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> % (apr) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|---|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|--|---------------------------|
| SUBTOTALS This Period This Page (optional) | <input type="text"/> 0 00 |
| TOTALS This Period (last page in this line only) | <input type="text"/> 0 00 |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page 9 of Schedule C

| | |
|--|--|
| NAME OF COMMITTEE (In Full) Apartment & Office Building Association of Metropolitan Washington METro PAC Federal | FEC IDENTIFICATION NUMBER C 00295642 |
|--|--|

| | | |
|--|----------------|---------------------|
| LENDING INSTITUTION (LENDER) Full Name | Amount of Loan | Interest Rate (APR) |
|--|----------------|---------------------|

| | | |
|-----------------|------------------------------|----------|
| Mailing Address | Date Incurred or Established | Date Due |
|-----------------|------------------------------|----------|

A. Has loan been restructured? No Yes If yes, date originally incurred

B. If line of credit, Amount of this Draw: _____ Total Outstanding Balance: _____

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral? _____

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____

What is the estimated value? _____

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).

Date account established: _____

Location of account: _____

Address: _____

City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

| | |
|--|-------------|
| G. COMMITTEE TREASURER Typed Name Signature | DATE |
|--|-------------|

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- i. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- ii. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- iii. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

| | |
|---|-------------|
| AUTHORIZED REPRESENTATIVE Typed Name Signature | DATE |
|---|-------------|

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SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full) Apartment & Office Building Association of Metropolitan Washington Metro PAC Federal

| | | |
|--|----------------|---------------------------|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor | | Nature of Debt (Purpose): |
| Mailing Address | | |
| City | State Zip Code | |

| | | |
|---|---------------------|---|
| Outstanding Balance Beginning This Period | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |

| | | |
|--|----------------|---------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor | | Nature of Debt (Purpose): |
| Mailing Address | | |
| City | State Zip Code | |

| | | |
|---|---------------------|---|
| Outstanding Balance Beginning This Period | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |

| | | |
|--|----------------|---------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor | | Nature of Debt (Purpose): |
| Mailing Address | | |
| City | State Zip Code | |

| | | |
|---|---------------------|---|
| Outstanding Balance Beginning This Period | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |

| | |
|--|------|
| 1) SUBTOTALS This Period This Page (optional)..... | 0.00 |
| 2) TOTALS This Period (last page this line number only)..... | 0.00 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | 0.00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶ | 0.00 |

26038970098

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

| | |
|---|---|
| NAME OF COMMITTEE (In Full) Apartment & Office Building Association of Metropolitan Washington Metro PAC Federal | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 00295642 </div> |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice | |

| | |
|--|---|
| Full Name (Last, First, Middle Initial) of Payee Mailing Address City State Zip Code | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </div> |
| Purpose of Expenditure Name of Federal Candidate Supported or Opposed by Expenditure: | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </div> | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |

| | |
|--|---|
| Full Name (Last, First, Middle Initial) of Payee Mailing Address City State Zip Code | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </div> |
| Purpose of Expenditure Name of Federal Candidate Supported or Opposed by Expenditure: | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </div> | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |

| | |
|---|--|
| (a) SUBTOTAL of Itemized Independent Expenditures | <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;"> _____ 0 00 </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;"> _____ 0 00 </div> |
| (c) TOTAL Independent Expenditures | <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;"> _____ 0 00 </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

| | |
|-----------------|--|
| Signature _____ | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div> |
|-----------------|--|

66007685092

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

| | |
|--|--|
| NAME OF COMMITTEE (In Full) Apartment & Office Building Association of Metropolitan Washington Metro PAC Federal | <input type="checkbox"/> Check if 24-hour notice |
|--|--|

| | |
|--|------------------------------------|
| Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee: | Full Name of Subordinate Committee |
| | Mailing Address |
| | City State ZIP Code |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) of Each Payee | Purpose of Expenditure | <input type="checkbox"/> Category/Type |
| Mailing Address | Date | <input type="checkbox"/> |
| City State Zip Code | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | |
| Name of Federal Candidate Supported | Office Sought: House Senate Presidential | State: District: |
| Aggregate General Election Expenditure for this Candidate ▶ | <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1) | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) of Each Payee | Purpose of Expenditure | <input type="checkbox"/> Category/Type |
| Mailing Address | Date | <input type="checkbox"/> |
| City State Zip Code | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | |
| Name of Federal Candidate Supported | Office Sought: House Senate Presidential | State: District: |
| Aggregate General Election Expenditure for this Candidate ▶ | <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1) | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) of Each Payee | Purpose of Expenditure | <input type="checkbox"/> Category/Type |
| Mailing Address | Date | <input type="checkbox"/> |
| City State Zip Code | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | |
| Name of Federal Candidate Supported | Office Sought: House Senate Presidential | State: District: |
| Aggregate General Election Expenditure for this Candidate ▶ | <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1) | |

| | |
|---|-------------------------------|
| SUBTOTAL of Expenditures This Page (optional).....▶ | <input type="checkbox"/> 0 00 |
| TOTAL This Period (last page this line number only).....▶ | <input type="checkbox"/> 0 00 |

25038970100

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR: N/A

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full) Apartment & Office Building Association of Metropolitan Washington Metro PAC Federal

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check **or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

Administrative Generic Voter Drive Public Communications Referencing Party Only

26038970101

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full) Apartment & Office Building Association of Metropolitan Washington Metro PAC Federal

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

| ACTIVITY OR EVENT IDENTIFIER | FEDERAL % | NONFEDERAL % |
|--|---|--|
| ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> % | NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> % |
| ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> % | NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> % |
| ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> % | NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> % |
| ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> % | NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> % |
| ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> % | NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> % |
| ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> % | NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> % |

26038970102

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full) Apartment & Office Building Association of
 Metropolitan Washington Metro PAC Federal

| NAME OF ACCOUNT | DATE OF RECEIPT MM / DD / YYYY | TOTAL AMOUNT TRANSFERRED |
|-----------------|-----------------------------------|--------------------------|
|-----------------|-----------------------------------|--------------------------|

BREAKDOWN OF TRANSFER RECEIVED

| | | |
|---|--|--|
| i) Total Administrative | | |
| ii) Generic Voter Drive | | |
| iii) Exempt Activities | | |
| iv) Direct Fundraising (List Activity or Event Identifier) | | |
| a) | | |
| b) | | |
| c) Total Amount Transferred For Direct Fundraising | | |
| v) Direct Candidate Support (List Activity or Event Identifier) | | |
| a) | | |
| b) | | |
| c) Total Amount Transferred For Direct Candidate Support | | |
| vi) Public Communications Referring Only to Party (Made by PAC) | | |

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

| | |
|---|------|
| TOTAL This Period (Administrative) | 0.00 |
| TOTAL This Period (Generic Voter Drive) | 0.00 |
| TOTAL This Period (Exempt Activities) | 0.00 |
| TOTAL This Period (Direct Fundraising) | 0.00 |
| TOTAL This Period (Direct Candidate Support) | 0.00 |
| TOTAL This Period (Public Communications Referring Only to Party) | 0.00 |
| TOTAL This Period (Total Amount Transferred) | 0.00 |

26038970103

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full) Apartment & Office Building Association of Metropolitan Washington Metro PAC Federal

A. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00 + 0.00 = 0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.00 + 0.00 = 0.00

26038970104

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full) Apartment & Office Building Association of Metropolitan Washington Metro PAC Federal

| NAME OF ACCOUNT | DATE OF RECEIPT | TOTAL AMOUNT TRANSFERRED |
|-----------------|-----------------|--------------------------|
| | MM / DD / YYYY | |

BREAKDOWN OF THIS TRANSFER

| | |
|--|---------------------------|
| i) Voter Registration | VOTER REGISTRATION |
| Total Amount Transferred for Voter Registration | |
| ii) Voter ID | VOTER ID |
| Total Amount Transferred for Voter ID | |
| iii) GOTV | GOTV |
| Total Amount Transferred for GOTV | |
| iv) Generic Campaign Activity | GENERIC CAMPAIGN ACTIVITY |
| Total Amount Transferred for Generic Campaign Activity | |

| NAME OF ACCOUNT | DATE OF RECEIPT | TOTAL AMOUNT TRANSFERRED |
|-----------------|-----------------|--------------------------|
| | MM / DD / YYYY | |

BREAKDOWN OF THIS TRANSFER

| | |
|--|---------------------------|
| i) Voter Registration | VOTER REGISTRATION |
| Total Amount Transferred for Voter Registration | |
| ii) Voter ID | VOTER ID |
| Total Amount Transferred for Voter ID | |
| iii) GOTV | GOTV |
| Total Amount Transferred for GOTV | |
| iv) Generic Campaign Activity | GENERIC CAMPAIGN ACTIVITY |
| Total Amount Transferred for Generic Campaign Activity | |

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

| | |
|---|------|
| TOTAL This Period (Voter Registration) | 0.00 |
| TOTAL This Period (Voter ID) | 0.00 |
| TOTAL This Period (GOTV) | 0.00 |
| TOTAL This Period (Generic Campaign Activity) | 0.00 |
| TOTAL This Period (Total Amount of Transfers Received) | 0.00 |

25038970105

**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full) Apartment & Office Building Association of Metropolitan Washington Metro PAC Federal

| | | | |
|---|-------|--|---|
| A. Full Name (Last, First, Middle Initial) / Full Organization Name | | Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign | |
| Mailing Address | | Allocated Activity or Event Year-To-Date | |
| City | State | Zip Code | <input type="checkbox"/> |
| Purpose of Disbursement | | Category/Type | Date <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> |

| | | | | |
|----------------------|---|----------------------|---|----------------------|
| FEDERAL SHARE | + | LEVIN SHARE | = | TOTAL AMOUNT |
| <input type="text"/> | | <input type="text"/> | | <input type="text"/> |

| | | | |
|---|-------|--|---|
| B. Full Name (Last, First, Middle Initial) / Full Organization Name | | Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign | |
| Mailing Address | | Allocated Activity or Event Year-To-Date | |
| City | State | Zip Code | <input type="checkbox"/> |
| Purpose of Disbursement | | Category/Type | Date <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> |

| | | | | |
|----------------------|---|----------------------|---|----------------------|
| FEDERAL SHARE | + | LEVIN SHARE | = | TOTAL AMOUNT |
| <input type="text"/> | | <input type="text"/> | | <input type="text"/> |

| | | | |
|---|-------|--|---|
| C. Full Name (Last, First, Middle Initial) / Full Organization Name | | Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign | |
| Mailing Address | | Allocated Activity or Event Year-To-Date | |
| City | State | Zip Code | <input type="checkbox"/> |
| Purpose of Disbursement | | Category/Type | Date <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> |

| | | | | |
|----------------------|---|----------------------|---|----------------------|
| FEDERAL SHARE | + | LEVIN SHARE | = | TOTAL AMOUNT |
| <input type="text"/> | | <input type="text"/> | | <input type="text"/> |

| | | | |
|---|---|-----------------------------------|-----------------------------------|
| SUBTOTAL of Shared Federal and Levin Activity This Page | | | |
| FEDERAL SHARE | + | LEVIN SHARE | = TOTAL AMOUNT |
| <input type="text" value="0.00"/> | | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii)) | | | |
| FEDERAL SHARE | | LEVIN SHARE | = TOTAL AMOUNT |
| <input type="text" value="0.00"/> | | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| TOTAL This Period for the Levin Share | | <input type="text" value="0.00"/> | |

26038970106

SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full) Apartment & Office Building Association of Metropolitan Washington Metro PAC Federal
 NAME OF ACCOUNT

| | COLUMN A TOTAL THIS PERIOD | COLUMN B YEAR-TO-DATE |
|---|-------------------------------|--------------------------|
| 1. RECEIPTS FROM PERSONS | | |
| (a) Itemized (Use Schedule L-A) | | |
| (b) Unitemized | | |
| (c) Total | | |
| 2. OTHER RECEIPTS | | |
| 3. TOTAL RECEIPTS | 0 00 | 0 00 |
| (Add Lines 1c and 2) | | |
| 4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B) | | |
| (a) Voter Registration | | |
| (b) Voter ID | | |
| (c) GOTV | | |
| (d) Generic Campaign | | |
| (e) Total | | |
| 5. OTHER DISBURSEMENTS | | |
| 6. TOTAL DISBURSEMENTS | 0 00 | 0 00 |
| (Add Lines 4e and 5) | | |
| 7. BEGINNING CASH ON HAND | | |
| (for Column B, use cash as of January 1st) | | |
| 8. RECEIPTS | | |
| (from Line 3) | | |
| 9. SUBTOTAL | | |
| (Add Lines 7 and 8) | | |
| 10. DISBURSEMENTS | | |
| (From Line 6) | | |
| 11. ENDING CASH ON HAND | 0 00 | 0 00 |
| (Subtract Line 10 From Line 9) | | |

26038970107

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s)
 for each category of the
 Aggregation Page

FOR LINE NUMBER: 1a 2
 (check only one)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full) Apartment & Office Building Association of Metropolitan Washington Metro PAC Federal

| | |
|--|--|
| Full Name (Last, First, Middle Initial) / Full Organization Name | Date of Receipt |
| A. | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Mailing Address | Amount of Each Receipt this Period |
| City State Zip Code | <input type="text"/> |
| Name of Employer or Principal Place of Business | Aggregate Year-to-Date |
| Occupation | <input type="text"/> |
| Full Name (Last, First, Middle Initial) / Full Organization Name | Date of Receipt |
| B. | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Mailing Address | Amount of Each Receipt this Period |
| City State Zip Code | <input type="text"/> |
| Name of Employer or Principal Place of Business | Aggregate Year-to-Date |
| Occupation | <input type="text"/> |
| Full Name (Last, First, Middle Initial) / Full Organization Name | Date of Receipt |
| C. | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Mailing Address | Amount of Each Receipt this Period |
| City State Zip Code | <input type="text"/> |
| Name of Employer or Principal Place of Business | Aggregate Year-to-Date |
| Occupation | <input type="text"/> |
| Full Name (Last, First, Middle Initial) / Full Organization Name | Date of Receipt |
| D. | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Mailing Address | Amount of Each Receipt this Period |
| City State Zip Code | <input type="text"/> |
| Name of Employer or Principal Place of Business | Aggregate Year-to-Date |
| Occupation | <input type="text"/> |
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text"/> 0.00 |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> 0.00 |

25038970108

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

| | |
|--|--------------------------------|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input checked="" type="checkbox"/> USPS First Class Mail | Postmarked <i>1-24-06</i> |
| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) |
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/> | |
| <input type="checkbox"/> USPS Express Mail | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| Next Business Day Delivery <input type="checkbox"/> | |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |
| <i>Am D</i> PREPARER | <i>2-1-06</i> DATE PREPARED |

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